

2016 update: Our work to address the recommendations of inquiries and reviews

- 1** We believe that professional regulation has an important part to play in helping protect patients from harm and raising the standards of medical education and practice. Inquiries and reviews help us reflect on our systems and practice, identifying lessons for us and the system as a whole.
- 2** Last year we published an [update](#) on our work to address the recommendations from Sir Robert Francis' 2013 report on the failings at Mid Staffordshire NHS Foundation Trust, which also incorporated our work relating to the recommendations of other published inquiries and reviews.
- 3** Whilst 2016 was a quiet year with no major inquiry or review publications directly affecting our work, we continue to work closely and cooperate with various ongoing inquiries and reviews. As a listening and learning organisation, we will continue to assist inquiries and reviews in the work they do and provide as much assistance and data sharing as possible.

Patients' insight

- 4** Our function, to help protect the public and improve medical education and practice, is set out in statute. Patients are at the heart of what we do and we strive to ensure that sufficient information is available to help patients and the public understand when and how we can help. However, the recommendations of inquiries and reviews have shown that there is scope to improve the ways we do this. The following are some examples of how we have responded:
 - **Patient Information Service:** We have made significant progress in improving patient understanding of our Fitness to Practise (FtP) processes through our pilot face-to-face meetings with patients. We want to make sure patients understand what happens after they have made a complaint about a doctor and give them an opportunity to explain their concerns fully, so that they can be sure we have understood. An [independent evaluation](#) of the pilot was published on our website in September 2014 and by March 2016 the service had been introduced in all regions across the UK following a successful pilot through 2015.
 - In 2016, over 400 meetings were held between January and November. Looking forward into 2017, we remain committed to monitoring feedback following

meetings to ensure our relationships with complainants are strengthened, and that patients understand the GMC's role throughout the investigations process and beyond.

- **Revalidation:** Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis, usually every five years, that they are up to date and fit to practise. Since the introduction of revalidation in 2012, over 163,800 doctors have been revalidated. We want to find out what impact revalidation has had so far, which is why we commissioned [UMbRELLA](#) (UK Medical Revalidation Evaluation Collaboration) to undertake a long term evaluation of revalidation. In April 2016, we published the interim findings from the UMbRELLA research which found that the vast majority of doctors licensed to practise by the GMC are engaged in the annual appraisal processes (90.3% reporting they had a medical appraisal at some point in their career, 95.4% of those respondents indicating it was within the last 12 months). Over a quarter of respondents (42.4%) indicated they had made changes to their clinical practice, professional behaviour, and/or learning activities as a result of their most recent appraisal.
- Whilst the response from the profession and their Responsible Officers (ROs) was largely positive, two thirds of the patient and public involvement representatives felt that on the whole, patients were unaware of revalidation or did not understand its aims and purpose. The final report from the UMbRELLA research team will be published in 2018.
- Looking forward, the interim report will feed into the complete revalidation review being conducted by Sir Keith Pearson, Chair of the GMC's Revalidation Advisory Board. This report will focus on UK wide research on revalidation, breakdowns of GMC data, experiences from doctors themselves, submissions by external organisations and representatives as well as views from patients who have engaged in the revalidation process with their doctor. The final report from Sir Keith Pearson is due in early 2017.
- Earlier this year we also published enhanced messages about the importance of doctors reflecting on patient feedback to improve their practice. This included six case studies from doctors who work in roles where collecting patient feedback can be challenging to help others who work in similar environments, and a [leaflet](#) for patients to help them give their doctors more useful feedback. The evaluation of revalidation is continuing to look at the role of supporting information, including patient feedback as part of the appraisal process.

Being open and honest

- 5 One of the key themes in the Mid Staffordshire and Morecambe Bay Inquiries, Berwick Review and Freedom to speak up, is the need to embed a culture of

openness and honesty within healthcare, supporting staff to raise concerns and drive improvements in healthcare.

Being open and honest

- 6** On 29 June 2015, we published joint guidance with the Nursing and Midwifery Council (NMC) entitled '[Openness and honesty when things go wrong: the professional duty of candour](#)'. This guidance serves to reinforce the importance of the professional duty on doctors, nurses and midwives to be open and honest when things go wrong. With the publication of the guidance, alongside the advice available in [Good medical practice](#) and the interactive tools and [resources](#) available on our website, we continue to promote awareness of the guidance through our Liaison Advisers across the UK.
- 7** Since implementing this guidance last year, we have received enquiries on a regular basis from a wide-ranging group of stakeholders and external parties. We continue to monitor the impact this guidance has had on the culture of openness and honesty within healthcare.

Raising concerns

- 8** Across numerous reviews, a key theme has developed in ensuring staff in healthcare providers, of all levels, feel confident enough to come forward and raise concerns regarding patient safety and quality of care. Throughout 2016, we have endeavoured to make it easier than ever for doctors and doctors in training to raise concerns with us. Whilst the number of overall complaints from doctors themselves has dropped slightly since 2012, mechanisms like the confidential hotline have led to over 3400 calls and over 200 fitness to practise investigations being opened. This could indicate that doctors have found it to be a useful mechanism to confidentially raise concerns or to raise issues where they feel they cannot do so with their employers at a local level.
- 9** In early December 2016 we published the key findings report on the 2016 [National Training Survey](#) (NTS) results. This year, nearly 99% of doctors in training and 53% of trainers responded and have provided us with the most detailed picture yet of individual training environments. Our analysis has particularly found that doctors in training say they frequently exceeded their rostered hours and those with higher workloads had more patient safety concerns and were more likely to feel pressured to work beyond their competency. Equally, their trainers felt that whilst they enjoy their role, they do not feel they have adequate time to fulfil their role as trainer; one in ten did not feel well supported by their Trust or Board. Despite the pressures on health services across the UK, overall satisfaction with training provision is relatively high and remains stable. But capturing and understanding the concerns that have been raised through the surveys means we can begin to address those concerns.
- 10** Starting next year, we are testing new questions on issues including the impact of rota gaps and rota design on the training environment. Our Chief Executive, Charlie

Massey, also wrote to the Chief Executives and Chairs of all UK Trusts and Boards to remind them of the requirements set out in our [Promoting excellence](#) standards, last updated in January 2016.

- 11** In 2014, we commissioned the Right Honourable Sir Anthony Hooper to undertake a review of how we deal with doctors who raise concerns in the public interest. In March 2015, Sir Anthony published his review and it included various recommendations regarding our investigation processes and around ensuring that whistleblowers are treated fairly. We launched a pilot in July 2016 to implement a number of recommendations made within our published [action plan](#) including clearly identifying when a doctor has raised a concern, making sure we investigate only when strictly necessary, training our investigations staff to understand whistleblowing, and exploring the creation of a confidential and voluntary online system enabling healthcare professionals to record concerns raised. We hope to refine the process further in 2017.
- 12** In December 2016, we responded to a Department of Health (DH) consultation regarding creating 'safe spaces' to allow healthcare staff to talk freely about what has gone wrong without fear of punitive reprisals. The 'safe space' approach is fully in line with our strategic intent to move regulation upstream. We want to play our part, working with the wider healthcare and regulatory system, to promote a learning culture which identifies and addresses risks at the earliest possible point and to help to prevent avoidable harm from occurring in future.

Professionalism

- 13** A number of inquiries highlighted areas where medical professionals seemed to lack sufficient awareness of our guidance, including conflicts of interest, consent, and raising concerns. Instances have also been identified where ineffective implementation of our standards and guidance for doctors on these areas contributed to poor patient care.

Education and training

- 14** Doctors are professionals and there are fundamental values and modes of behaviour that are intrinsic to their status. Our standards define what makes a good doctor by setting out the professional values, knowledge, skills and behaviour required of all doctors working in the UK.
- 15** In working towards promoting professionalism across the healthcare sector, we have developed new standards for medical education and training, acknowledging that the foundations of professionalism are established in education. In 2015, we launched [Promoting excellence: standards for medical education and training](#) and our first education quality assurance visit under the new standards was to the South West. The report was recently scrutinised and is due to be published shortly. We also had a

positive outcome after an audit was conducted on how we have implemented the standards in our own processes.

- 16** In February 2016, the [Generic Professional Capabilities](#) (GPC) framework, developed alongside the Academy of Medical Royal Colleges was finalised and signed off by our Council. The framework sets out the core professional values, knowledge, skills and behaviours which all doctors should be able to apply to a range of clinical and non-clinical contexts by the time they complete specialty training. This includes skills such as communications, teamwork and leadership. Looking forward, we are working with the Academy to develop guidance to help colleges and faculties to embed the GPC framework into curricula. The guidance will be published in spring of 2017 alongside new standards for curricula and assessment.
- 17** Additionally, we are currently developing new standards for postgraduate medical curricula and regulated credentials as part of our [Standards for Curricula and Assessment Review](#) (SCAR). These are the standards and requirements we use to hold medical royal colleges, faculties and specialty associations accountable, in accordance with the Medical Act. The new standards will embed GPCs into curricula and credentials, improve curricula design and development, improve assessment practices, and clarify the role of colleges and faculties in quality assurance.
- 18** We recently consulted on the draft standards and will publish the new standards in spring 2017 along with updated guidance on assessment. We are updating our processes around approval and quality assurance of curricula and credentials, and will issue guidance and supporting materials on curriculum design and approval submission.

Promoting professionalism

- 19** We continue to undertake a broad range of work to raise awareness of our standards and encourage doctors to embody these principles and values in their work. The following paragraphs highlight our recent work promoting professionalism, helping to ensure that fundamental values are embedded within the healthcare environment.
- 20** Our [Regional Liaison Service](#) (RLS) in England and the [Devolved Office teams](#) in Northern Ireland, Scotland and Wales all continue to raise awareness of our guidance through their work. They offer interactive sessions to groups of doctors, hold sessions explaining revalidation, speak to medical students about professionalism, help get people involved in shaping our work through consultations, and run the [Welcome to UK Practice](#) (WTUKP) Programme for doctors new to our register.
- 21** On 21 November 2016, we launched a new app for doctors, '[My GMP](#)' which gives doctors easy access to all our ethical guidance on their tablet or smart phone, even when offline. The app was developed after a survey of a group of doctors indicated that 79% would be more likely to engage with our guidance on an app rather than on

our website. Doctors were involved in the planning, development and testing phases of the app development and we are keen to make it as user-friendly as possible.

- 22** Part of our work post-Francis was surrounding the promotion of professionalism, something we have sought to do through our programme of UK-wide '[Medical Professionalism Matters](#)' events, first starting in 2015. In 2016, we held three further successful events in Belfast, Glasgow, and Manchester. These events explored the key challenges and topics facing doctors including doctors as scholars, safety and quality improvement, and sustainable solutions. These events were run in partnership with the BMA, Medical Schools Council, NHS Employers, medical royal colleges and defence organisations.
- 23** In our [report](#), a number of overarching themes emerged from the events throughout 2015 and 2016. Among the most frequently raised issues were the lack of time and support to make a reality of reflective practice. The feedback suggested this applied at every stage of a doctor's career. Issues such as professional isolation, fragmentation, and poor communication were consistently raised by doctors as problems and improved leadership, teamwork and stronger patient partnerships were seen as ways forward.
- 24** Our WTUKP events for doctors new to our register continue to grow and now takes place regionally, working closely with employers and other organisations in those areas. Over 1500 doctors have taken part in WTUKP events across the UK and feedback has been incredibly positive with 98% of doctors stating it helped them to reflect on their practice and 99% stating they would change their practice as a result of attending the course.

Collaboration and information sharing

- 25** The need for greater collaboration and co-ordination between regulators and other organisations has been highlighted in all recently published inquiries as being key to ensuring efficient detection of patient safety concerns.
- 26** In recent years our systems and processes have developed significantly to be more reliable and robust. But as a professional regulator we are just one part of a wider system of assurance. We must therefore continue to work closely with others to help us deliver our functions, to ensure our guidance is understood and acted upon by doctors, to ensure concerns about patient safety are identified, and intelligence is shared with others.
- 27** In 2015, we strengthened our relationships with numerous external healthcare bodies including the Care Quality Commission (CQC), Health Improvement Scotland, Monitor, NHS Trust Development Authority (now part of NHS Improvement) and Health Inspectorate Wales. We attended the Health and Social Care Regulators Forum, the Concordat Cymru (Wales) and met with the Northern Ireland Health and Social Care Communication and Public Affairs Forums to share the work that we had been doing and

collaborate. Our Employer Liaison Advisors (ELAs) also regularly attend Regional Quality Surveillance Group Meetings as a means of sharing intelligence and identifying risks as early as possible with bodies such as NHS England, Clinical Commissioning Groups, the CQC, Monitor and Public Health England.

- 28** In 2016, our work with other UK and European regulators built on our previous engagement on the revision of the Recognition of Professional Qualification (RPQ) Directive to focus on its implementation which was successfully completed in January 2016. The revisions to the Directive (Directive 2005/36/EC, as amended by Directive 2013/55/EU) affect how we register EEA doctors, how we communicate with regulators in other European countries, and how we learn about changes to medical qualifications across Europe. We continue to engage with employers locally to make them aware of their responsibilities in this area and also continue to call on the government to include patient safety in its Brexit negotiations.
- 29** In 2016, we implemented a new approach to managing data across the organisation through our Data Strategy. We have begun to make better links between the information held in different parts of the business and have started to analyse trends and areas of risk. We successfully launched two internal reporting systems which bring data together on the medical profession and the environments in which they train and practice. The systems are currently using quantitative data, but we are piloting the structured capture of qualitative intelligence to consider how we can include this in our reporting systems.
- 30** We have liaised with the Care Quality Commission and Health Improvement Scotland in the first instance to share extracts of our new internal reporting system on organisations on a monthly basis. We have committed to working with all four country systems regulators to share data in this new way. This is a move from reactive reporting of routine data on request to a more proactive sharing of data we hold on organisations in an automated way that is more suitable for import into their systems. In parallel we are developing a dashboard for our ROs to share the same data we hold on their Designated Bodies for launch in early 2017.

The future shape of regulation

- 31** We remain committed to developing our approach to regulation to ensure we can meet the expectations of patients and needs of doctors in the future.
- 32** We are determined to play our part in promoting patient safety, while recognising that many of the issues highlighted within public inquiries and reviews go well beyond professional regulation. The reforms we have made and plan to make in response to recommendations from various inquiries and reviews reflect our determination to be a more outward facing, proactive and responsive regulator.
- 33** At the time of preparing this update we are awaiting a Government consultation on the reform of health professional regulation. Our hope is that this will contain

proposals that will give us the flexibility and autonomy to make a further step change in the way we work so that we are better able to respond to society's expectations.